Development of guidelines for health impact assessment in Southern Italy

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Abstract:	Health impact assessment (HIA) is a multidisciplinary method aimed at assessing the health effects of policies, plans and projects using quantitative, qualitative and participatory techniques. In many European Countries, like in Italy, there is a lack of implementation of HIA evaluation procedures and it would be necessary to develop instruments and protocols in order to improve the specific skills of professional involved in the evaluation process. The Italian National Agency for Regional Health Services (AGENAS) is carrying out a project of implementation of HIA methods, through the development of guidelines in four Southern Italian regions. Public health search engine and institutional websites were consulted to recollect international data existing in this field. Periodically focus groups were then organized with regional representatives in order to discuss the scientific literature and to identify the guidelines' contents: source of data, stakeholders, screening and scoping phase checklist tools, priority areas, monitoring and reporting plans. Four regions (Calabria, Campania, Puglia, Sicilia) took part to the project. The present paper describes the methodology of the development and implementation of HIA Italian Guidelines. The tools created to collect data and assess health consequences (data sources and stakeholders to be involved lists, screening and scoping grids) are reported. This project represents the first structured initiative proposed and supported by the Ministry of Health aiming to introduce HIA in Italy. It would be recommended that HIA will be considered a priority in the public health agenda, as a fundamental instrument in helping decision-makers to make choices about alternatives to prevent disease/injury and to actively promote health.

UNIVERSITY OF TURIN

DEPARTMENT OF PUBLIC HEALTH SCIENCES

Turin, 2015 January 13th

Dear Editor,

I'm pleased to submit our manuscript " **Development of guidelines for Health Impact Assessment in Southern Italy.**" for publication on *Journal of Public Health Management and Practice*.

We think that the manuscript fulfill the mission of the issue and of the Journal. The work is original and has not already been published and or simultaneously submitted to any other journal. All Authors have seen and approved the submitted manuscript and no conflicts of interest is declared.

Sincerely yours

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Title: Development of guidelines for Health Impact Assessment in Southern Italy.

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Conflict of Interest

The Authors declare they have no conflict of interests.

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Abstract

Health impact assessment (HIA) is a multidisciplinary method aimed at assessing the health effects of policies, plans and projects using quantitative, qualitative and participatory techniques. In many European Countries, like in Italy, there is a lack of implementation of HIA evaluation procedures and it would be necessary to develop instruments and protocols in order to improve the specific skills of professional involved in the evaluation process. The Italian National Agency for Regional Health Services (AGENAS) is carrying out a project of implementation of HIA methods, through the development of guidelines in four Southern Italian regions. Public health search engine and institutional websites were consulted to recollect international data existing in this field. Periodically focus groups were then organized with regional representatives in order to discuss the scientific literature and to identify the guidelines' contents: source of data, stakeholders, screening and scoping phase checklist tools, priority areas, monitoring and reporting plans. Four regions (Calabria, Campania, Puglia, Sicilia) took part to the project. The present paper describes the methodology of the development and implementation of HIA Italian Guidelines. The tools created to collect data and assess health consequences (data sources and stakeholders to be involved lists, screening and scoping grids) are reported. This project represents the first structured initiative proposed and supported by the Ministry of Health aiming to introduce HIA in Italy. It would be recommended that HIA will be considered a priority in the public health agenda, as a fundamental instrument in helping decision-makers to make choices about alternatives to prevent disease/injury and to actively promote health.

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Introduction

The World Health Organization (WHO) defines the Health Impact Assessment (HIA) as "a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population".[1] Given that the health determinants and the main chronic diseases are influenced by several risk-factors related to policies and programs apparently unrelated to health, the assessment of possible impacts on population health is strongly recommended.[2,3] Consequently, in the last years, a need of promotion and strengthening of HIA practice, emerged through actions on different sides[3-15]:

1) Policy frameworks and procedures, including legislation and law. The need of a policy framework is relevant for the HIA implementation. In this regard, the European Union is a good example of the limited potential of HIA in influencing the decision-making process when this practice is not mandatory.[6,7] On the other hand, the institutional supporting of HIA through a specific legislation, such as in United States or in Thailand, has demonstrated to be useful in the widespread diffusion of HIA practices.[16]

2) Capacity-building mechanisms for HIA. The theoretical assumptions on HIA methods are only the basis for the implementation of correct and rigorous evaluations. Methodological tools suitable to different proposal and ability skills in completing the tasks required by HIA process are fundamental.[9,10] In some countries, such as Italy, a huge limitation for the HIA introduction in current practice is, indeed, represented by a lack of professionals trained in this field. The lack of skills and training is particularly prominent in the main tasks of the HIA process: literature searching, critical appraisals undertaking and findings synthesizing.

3) Intersectoral collaboration. Considering the complexity of health determinants, a multidisciplinary approach is imperative.[17,18] Strategies for providing a motivation for intersectoral collaboration through HIA are needed. The motivation for a multidisciplinary and intersectoral

approach could be strenghtened by a legal obligation of some kind. In Thailand, for example, HIA is included in the Constitution.

4) Health equity and social justice. The HIA promotion must include a deep consideration of the health consequences in the different groups composing our society.[8] A particular branch of HIA named Health Equity Impact Assessment is strictly focused on this issues with a strong involvement on vulnerable subgroups and minorities.

5) Strengthening of HIA methodology. In the past, methods and tools available for HIA have been demonstrated to be not completely suitable for a rigorous and standardized data collection and analysis.[13,19-21] The overcoming of this criticism is essential because without a clear methodology the HIA could be considered not evidence-based and thus susceptible of discredit.[14] To achieve this purpose, it is important to develop evaluation frameworks for integrating different types of research evidence (stakeholders' experiences, local data, past HIAs) so that they can be used in decision-making process.[15]

Based on these five elements, several Countries have successfully promoted HIA practice over the past few years, such as the Asian Region, Canada, Australia, United States and the United Kingdom.[3,4,6,17,22-25] In other Countries, such as Brasil, the HIA has been integrated into existing environmental and social assessment plans.[26] In Italy, instead, no laws relating to HIA have been enacted yet and all the laws enacted so far included only Environmental Impact Assessment (EIA).[27] In Italy, indeed, the protection of health is promoted almost exclusively at a strictly medical level; while decisions with strong social and environmental impact are not normally designed with particular regard to health issues. HIA is seldom implemented and the professionals working on this topic are very few.

This paper aims to describe a project financed by the European Regional Development Fund (ERDF), focusing on the spreading of the HIA methodology through the development and implementation of ad hoc HIA guidelines in four Southern Italian Regions.

Methods

The POAT Health 2007-2013 project

In the past years, the ERDF has allocated funding to help some European regions to overcome their socio-economic development gap with the most virtuous Countries. This invitation was welcomed by the National Agency for Regional Health Services (AGENAS), an institution that plays a role of connection between the Ministry of Health and the Regions and decision support on the development strategies of the National Health Service. A program named "POAT Health 2007-2013" (Operative Project of Technical Assistance) has been launched by the AGENAS in 2007 with the specific aim to develop important guidelines and to produce methodological documentation related to their implementation. In this framework, a specific intervention addressed to HIA implementation in the Italian context was commissioned. The geographical area interested by this program included four Regions of Southern Italy (Calabria, Campania, Puglia and Sicily) that are subjected to the "recovery from health deficit Plans" involving a reorganization of the regional health system. The HIA was seen as a priority tool to improve the health of these disadvantaged regions.

Establishment of working teams

In order to follow the project and support the local professionals of the four Regions, the AGENAS enrolled six experts consultants in Public Health and HIA from the Department of Public Health of Turin University and of Ancona University. The six experts supported the design of the project and the draft of the guidelines in each region through monthly meetings with regional working groups. In each Region was then created an intersectoral and multidisciplinary working team composed by 15-20 professionals with experience in health care services, health policy, economy, urban planning, social sciences, education, commerce, epidemiology and legislation.

Time schedule and Focus groups

The project started on January 2012 and will be completed at the end of 2013. Monthly meetings with regional working groups were organized and several brainstormings were conducted to create the working plan, the index of guidelines, the grid containing the sources of data, the table including the stakeholders to involve, the screening phase checklist and the scoping grid with all the main indicators and determinants of health. Two workshops were then organized in order to spread the work among the different working groups and to involve the potential stakeholders. In the first workshop (Palermo, December 2012) the draft of the guidelines were presented to potential stakeholders and their suggestions about form and contents were collected. In the second one (Naples, March 2013) the HIA guidelines were discussed in a inter-regional brainstorming with the participation of the four working teams, of the AGENAS. experts and of two representatives of the Ministry of Health.

HIA guidelines development

During the several monthly focus groups, the professionals involved in the project identified the index of the HIA guidelines. In the first section of the guidelines, the aim was to describe the history and evolution of Health Impact Assessment at national and international level, the application fields and the legislation supporting HIA. The second section outlined the relevance, the aims and the areas of priority of HIA for the 4 Regions involved. The third section described the methodology of HIA and provided the tools needed to collect the data sources, to involve the stakeholders, to perform the screening, the scoping, the appraisal, the reporting and the monitoring. Finally, the fourth and last section proposed some recommendations to improve the implementation of HIA in the Regions involved.

Tools for HIA

We reviewed the scientific literature existing on HIA in order to identify some international experiences and to select specific tools for screening and scoping phases. At this regard, several

grids were considered and reworked to be adapted to the Italian context.[28-32] Finally, we chose the best elements of each experience to realize the four grids (stakeholders, data sources, screening and scoping) suitable for our guidelines.

First of all, we identified a list of possible stakeholders to be involved in an evaluation process (Table 1).

The list is not exhaustive but represents only an example of potential stakeholders to consider when a health impact assessment starts. The stakeholders have been divided in 3 main groups: institutional stakeholders, technical stakeholders and "population" stakeholders. For each stakeholder, the grid requires to state the need and the ways of involvement. Institutional stakeholders could be, for instance, Ministry, Regions and municipalities representatives. Technical stakeholders could be, for instance, environmental agencies, hospitals, universities and police. Population groups representatives and associations are examples of the last group of stakeholders.

Data sources to recollect data for the assessment were categorized in a specific table, according to their health characterization (Table 2).

For each kind of data, the source declined as competent office and detail level have been indicated. Also in this case, the list is not exhaustive but represents only an example of potential data sources to consider when a health impact assessment starts.

A Screening grid was developed in order to select the proposal to be assessed according to context, the resources available and the priority of the setting examined (Table 3).

This grid consider the main aspects of proposal focusing on the potential health impacts and on the ability of HIA to influence the choices of decision-makers.

Finally, a Scoping grid was realized in order to plan and assess the potential health impacts of the proposal, according to specific health determinants, divided by socio-economic, structural and individual characteristics (Table 4).

For each item, the potential health impact was evaluated using a five-points scoring (from - 2= highly negative impact, to +2 = highly positive impact). Moreover, a list of groups at higher risk of health impact was elaborated and included in the grid.

HIA guidelines Validation and Implementation

Several simulations of impact assessment of hypothetical regional proposal will be conducted in order to validate the guidelines. As example, the working group of Sicily will examine the potential effects of a proposal aimed to reorganize the network of assistance and hospitality of irregular migrants and asylum-seekers, while the other Regions will collaborate in the assessment of the health consequences of the introduction of a new co-payment strategy for healthcare services. The result of these evaluations will be published when the complete reports will be available.
Finally, the validated HIA guidelines will be implemented in the regional legislation through specific legislative act of the councilor. This document will be used by the local and regional authorities in order to make the decision-making process aware of the possible health consequences of those policies unrelated to the healthcare field.

Discussion

The AGENAS with the "POAT Health 2007-2013" program, supported by ERDF, has implemented several initiatives aiming to reduce the gap of socio-economic development between the different Regions in the European Union. In particular, the four Regions of Southern Italy involved in the "recovery from health deficit Plans" were included in this project aimed to introduce the HIA in the decision-making process. This paper describes the process of HIA guidelines drafting and implementation, showing some examples of tools inserted in this document in order to spread knowledge in this field that is still lacking in capacity-building and practical experiences in many Countries, such as Italy.[27,33]

This project represents the first structured initiative proposed and supported by the Ministry of Health aiming to introduce HIA in Italy. In the past, very few experiences were conducted at local level in Italy to assess the health consequences of programs and plans outside the health sector, for instance in previous times only two Regions tried to introduce HIA guidelines.[34,35] In this context, an added value of this initiative included in the POAT Health 2007-2013, was the involvement of the stakeholders and of the decision-makers of Calabria, Campania, Puglia and Sicily. The participation of the Regions of Southern Italy seems, indeed, a good opportunity for those territories who need to fill their gap respect to the more economically advantaged Regions of the North. This is a big step forward in achieving the goal of making the South competitive and modern. Another strength of this work was represented by the collaboration among several institutions and different professionals that made this project intersectorial and multidisciplinary. Suggestions collected by professionals working on healthcare services, health policy, economy, urban planning, social sciences, education, commerce, epidemiology and legislation were useful to realize the impact assessment through a comprehensive approach.

At the beginning of the project an important limitation was represented by the lacking of knowledge and methodological skills on the topics of HIA. However, since the current literature reported this criticism for HIA implementation, we were aware of the need to overcome this issue. This lacuna was thus filled through a strong action of capacity-building supported by the six esperts consultants of Age.Na.S. in order to homogenize the level of knowledge of the working teams. Moreover, another limitation is related to the difficulties in implementing and performing HIA in the current politically troubled Italian context. Nevertheless, given the supporting and collaboration with the Ministry of Health, a huge network of stakeholders and decision-makers were questioned in order to make this document with its tools positively accepted.

The European Union and the World Health Organization (WHO) have appropriately encouraged the HIA as an important method for maximizing health promotion at the local, national and international levels.[3,36,37] As discussed by Lee et al., the HIA indeed represents a bridge between

health and foreign policy with consequent awareness of decision-makers of health issues.[17,38-42] Health impact assessment (HIA) has in the last 15 years become an essential, global tool in the development of healthier public policies.[8,43,44]

Conclusions

In conclusion, despite of some difficulties in introducing this methodology of evaluation, it seems important to include HIA in the Italian legislative framework in order to improve the decision-making process, minimizing the negative health effects of policies not directly related to health. Further research is necessary and several HIAs must be conducted to strengthen the knowledge and the evidence available about the potential connections between health determinants and policies. A cultural multidisciplinary approach is the basis for the development of a greater awareness of policies' consequences on health among professional, stakeholders, decision-makers and citizens. Given these assumptions, we strongly suggest that these themes should be addressed by the current and future Public Health agenda.

Conflicts of Interest

The authors declare no conflict of interest.

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Author's Contributions

Fabrizio Bert and Maria Rosaria Gualano contributed the guidelines implementation and drafted the paper. Francesco Di Stanislao, Quinto Tozzi and Roberta Siliquini coordinated as HIA experts the guidelines implementation and revised and corrected the paper drafted. Renato Pizzuti, Liliana Rizzo, Francesco Bux and Salvatore Scondotto coordinated the regional working groups and revised the paper.

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